

#263) W.Layyyy70760 PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF		Application Number:		09/749,826				
CORRESPONDENCE ADDRESS		Filing Date:		DEC. a				
Application		First Named Inventor:		HICKS				
		- Art Unit:		2631				
Address to:		Examiner Name		8001				
Commissioner for Patents		₩			1			
Washington, NC 20231		Attorney Docket Number:		0500343				
Please change the Correspondence Address for the above-identified particles Customer Number 38516 or			oplication to:	RECEIVED JUL 0 6 2004				
Firm or Individual Name	Scott P. Zimmerman PLLC				Technology Center 260			
Address	P. O. Box 3822							
City	Cary		· · · · · · · · · · · · · · · · · · ·	State	NC	Zip	27519	
Country	USA							
Telephone	919-387-6907		Fax Number		919-387-6959			
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47). I am the: Patentee. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record								
Typed or Printed Name	Scott P. Zimmerman	<u>#1,3</u>	90					
Signature	st the	an						
Date			<i>84</i>					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted.								
Divide Users Chatemant. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, US Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.